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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO./TITLE |
|--------------------|------------------------|-----------------------|------------------------|
| 10/663,212         | 09/15/2003             | Jack A. Dant          | 6683.70USU1            |

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CONFIRMATION NO. 2345  
\*OC000000016078993\*  
\*OC000000016078993\*

Date Mailed: 05/20/2005

**NOTICE REGARDING CHANGE OF POWER OF ATTORNEY**

This is in response to the Power of Attorney filed 05/12/2005.

- The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

FRANCIS Y FIELDS  
3700 (571) 272-4347

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CONFIRMATION NO. 2345

\*OC000000016079010\*

\*OC000000016079010\*

Date Mailed: 05/20/2005

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 05/12/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

FRANCIS Y FIELDS  
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FROM: JAEGER & BENSON

TO: 3/3/05 12:23/ST. 12:17/NO. 4862059210 P. 2

PTO/SB/91 (F38-2005)

|   |                      |  |              |
|---|----------------------|--|--------------|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number   | 10/663,212   |              |
|   | Filing Date          | September 15, 2003   |              |
|   | First Named Inventor | Jack A. Dant   |              |
|   | Title                | APPARATUS AND METHOD FOR SPINAL DISTRACTION USING A FLIP-UP PORTAL |              |
|   | Art Unit             | 3731   |              |
|   | Examiner Name        |  |              |
|   |                      | Attorney Docket Number   | 75028-309286 |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

I hereby appoint:

☒ Practitioners associated with the Customer Number: 43541

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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| Country  |       |     |  |
| Telephone  | Fax   |     |  |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|                   |   |      |           |
|-------------------|---|------|-----------|
| Signature         |  | Date | 28 Feb 05 |
| Name              | Terry D. Schlotterback  |      |           |
| Title and Company | President, Zimmer Spine, Inc.   |      |           |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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